

# Office of Telecommunications Management Pager Order Form (OTM 24)

(Please provide all of the requested information.)

Request Date \_\_\_\_\_ Agency \_\_\_\_\_ User's Name \_\_\_\_\_ AU \_\_\_\_\_ User's Phone Number \_\_\_\_\_  
(Including Area Code)

Agent Access Account Number \_\_\_\_\_ Contact Person/Telecommunications Coordinator (TC) \_\_\_\_\_  
(If Applicable) (Name and Phone Number)

1 Action requested (please mark one) ☐ New Pager ☐ Upgrade ☐ Replacement (Broken) ☐ Replacement (Lost) ☐ Return (Broken) ☐ Return (Still Works)

2 If new pager requested, is this (please mark one) ☐ Purchase ☐ Rental Should it be part of a group page? ☐ Yes ☐ No If existing, provide number: \_\_\_\_\_

3 If replacement or upgrade, please provide the following  
Equipment Serial Number \_\_\_\_\_ Cap Code \_\_\_\_\_ Should it be part of a group page? ☐ Yes ☐ No If existing, provide number: \_\_\_\_\_

Pager Number \_\_\_\_\_ PIN \_\_\_\_\_

## Pager Equipment

4 If this is a new install/upgrade/replacement should it be (mark only one) ☐ Numeric ☐ Alphanumeric ☐ 2-Way

5 Available options (mark desired option(s)) ☐ Voice Mail ☐ Email\*  
\*Only available on an alphanumeric pager, provide user's email address \_\_\_\_\_

6 If new install/upgrade/replacement, what type of coverage is requested? ☐ Statewide ☐ National ☐ Regional ☐ No change to service  
(mark only one)

7 Is insurance requested? ☐ Yes ☐ No

## Distribution Information

OTM neither delivers nor ships pagers within the Baton Rouge area. OTM will contact Baton Rouge agencies when the pagers are ready for pickup. If agency is located outside of the Baton Rouge metropolitan area, please check the box (Ship or Call) to indicate how the pager is to be delivered.

☐ Ship Ship to Address: \_\_\_\_\_  
Name and Phone Number of Delivery Site Contact: \_\_\_\_\_  
☐ Call (for pick up) Name and Phone Number of Person to Notify: \_\_\_\_\_

NOTE: Rental pager returnable to OTM on demand. If pager is lost, agency will be billed for replacement value, depending on device type.

OTM-24 (08/04)

Print and fax the completed form to OTM at 225-219-7775.

## Instructions for Pager Order Form (OTM-24)(09/04)

**Request Date:** Date of agency request to OTM.

**Agency:** Name of requesting agency.

**User's Name:** Name of person responsible for pager.

**AU:** The agency account number that will be billed for the pager.

**User's Phone Number:** The user's ten-digit desk telephone number.

**Agent Access Account Number:** The existing agent access account number if requesting agency has pager programming access.

**Contact Person/  
Telecommunications Coordinator  
(TC):** The name and telephone number of the person completing the request for the pager.

**1) Action Requested (please circle one):**

Circle *New Pager* if requesting a new pager

Circle *Upgrade* if the request is an upgrade to an existing pager (upgrade can be for a frequency upgrade, an equipment upgrade or a feature upgrade).

Circle *Replacement (Broken)* if it is for a replacement of broken equipment.

Circle *Replacement (Lost)* if it is for a replacement of lost equipment.

Circle *Return (Broken)* if the pager is broken and a replacement is not needed.

Circle *Return (Still Works)* if the pager still works and is no longer used.

**2) If New Pager Requested, Is This:**

Circle *Purchase* if the request is for the purchase of pager.

Circle *Rental* if the request is for the rental of pager.

**Should It Be Part of a Group Page?** If the pager should have group page capability, circle Yes. If not, circle No.

**If Existing, Provide Number:** Phone number of group page that already exists.

**3) If Replacement or Upgrade, Please Provide the Following:**

Each pager has encoded information listed on the body of the device. It may only be readable with a magnifying glass, but it will be identifiable. That information is needed to deprogram and/or make programming changes. Study the back of the pager and make note of the serial number, the cap code and the telephone number (toll free, local or access number with a PIN) associated with the pager.

**Equipment Serial Number:** The serial number on the pager that will be replaced or upgraded.

**Pager Number:** The telephone number associated with the pager that will be replaced or upgraded.

**Cap Code:** The Cap code, if it is known or printed on the pager that will be replaced or upgraded.

**PIN:** If applicable, the personal identification number associated with the pager that will be replaced or upgraded.

**Should it be Part of a Group Page?** If the pager has or should have group page capability, circle *Yes*. If not, circle *No*.

**Provide Number:** Phone number of group pager that already exists.

## **PAGER EQUIPMENT**

**4) If This Is a New Install/ Upgrade/Replacement Should It Be (Circle Only One):** Circle only one option.  
Circle *Numeric* if the pager type should be numeric. Numeric pagers can only display numbers on the pager screen for a callback.

Circle *Alphanumeric* if the pager type should be alphanumeric. Alphanumeric pager screens can display text messages from a pager interface such as email or only numbers for a callback.

Circle *2 Way* if the pager type should be 2 way. 2 Way pager devices have both a display screen and a keyboard for reading and creating text messages as well as receiving numeric pages.

**5) Available Options (Circle Desired Option(s)):** Circle all desired options.  
Circle *Voice Mail* if the pager should have voice mail service whereby callers can not only key in a number for a call back, they can leave a voice mail message for the person they are trying to contact. Standard voice mail holds ten messages, 60 seconds length, 48 hours retention.

Circle *Email* if the pager should have email service so that email messages can be sent to the pager through a pager interface. Email can only be used with alphanumeric pagers.

**User's Email Address:** The email address of the pager user, if email service is selected.

**6) If New Install/ Upgrade/  
Replacement, What Coverage is  
Requested?**

Circle only one option.

Circle *Statewide* if the pager should have statewide coverage

Circle *Nationwide* if the pager should have nationwide coverage.

Circle *Regional* if the pager should have regional coverage.

If no change requested for area of coverage, circle *No Change to Current Pager Service*.

**7) Is Insurance Requested?**

Circle "Yes" if pager should have insurance.

Circle "No" if no insurance is desired.

**DISTRIBUTION INFORMATION**

Put an "X" or blacken the box appropriate for the requested and available method of distribution.

**Ship:** Mark if equipment is to be shipped. OTM will only ship pagers to an address outside of the Baton Rouge area. Pagers within the Baton Rouge area must be picked up at OTM.

**Ship to Address:** If shipping is requested, a street address (not a P.O. Box) including agency name, city, state, and zip code where the equipment should be shipped.

**Name and Phone Number of  
Delivery Site Contact:** Name and telephone number of person at the receiving site who will take delivery of the shipment.

**Call (for Pickup)** Mark if equipment will be picked up at OTM.

**Name and Phone Number of  
Person to Notify:** Name and telephone number of person to call when equipment is ready for pick-up.